

## DECLARATION FOR PATENT APPLICATION

Attorney Docket:  
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As a below-named inventor(s), I/we hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) is/are as stated below next to my/our name(s).

I/We believe I/we am/are the original inventor, first and sole (if only one name is listed below) or the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

## BIOCHEMICAL STIMULATION DEVICE

the specification of which: (check one)  
☐ is attached hereto.

☐ was filed on December 1, 2004, as Serial No. PCT/EP2004/013595,

and was amended on \_\_\_\_\_ (if applicable).

We hereby state that we have reviewed and understand the contents of the above -identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## Prior Foreign Applications:

<u>03028004.4</u> (Application No.)	<u>EP</u> (Country)	<u>5 / 12 / 2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [ ] No
<u>                    </u> (Application No.)	<u>                    </u> (Country)	<u>      /      /      </u> (Day/Month/Year Filed)	<input type="checkbox"/> [ ] Yes	<input type="checkbox"/> [ ] No
<u>                    </u> (Application No.)	<u>                    </u> (Country)	<u>      /      /      </u> (Day/Month/Year Filed)	<input type="checkbox"/> [ ] Yes	<input type="checkbox"/> [ ] No

I/We hereby appoint the Practitioners associated with the following Customer Number:

## Customer Number

Direct Telephone Calls to:

Charles W. Fallow  
(301) 589 8900

Send Correspondence to:  
**Shoemaker and Mattare, Ltd.**  
 10 Post Office Road  
 Suite 100  
 Silver Spring, MD 20910 U.S.A.

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I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) \_\_\_\_\_

Filing Date \_\_\_\_\_

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Ulrich HÄNSENBERGER

Inventor's Signature \_\_\_\_\_

Date: 1. 6. 2006

Residence: Bichwiler Strasse 2, CH-9242 Oberuzwil, Switzerland

Country of Citizenship: CH

Post Office Address: same as above

Full name of second inventor: Viktor WICK

Inventor's Signature \_\_\_\_\_

Date: 1. 6. 2006

Residence: Rätenbergstrasse 3, CH-9246 Niederbüren, Switzerland

Country of Citizenship: CH

Post Office Address: same as above

Full name of third inventor: Felix LENZ

Inventor's Signature \_\_\_\_\_

Date: 1. 6. 2006

Residence: Rätenbergstrasse 18, CH-9246 Niederbüren, Switzerland

Country of Citizenship: CH

Post Office Address: same as above

Full name of fourth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fifth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of sixth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_